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Bib Data Sheet

CONFIRMATION NO. 7067

SERIAL NUMBER 09/342,765	FILING DATE 06/29/1999 RULE	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. INTL-0215-US
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APPLICANTS

DAVID J. MATZ, HILLSBORO, OR;

MANOHARAN S. VELLALAPALAYAM, BEAVERTON, OR;

** CONTINUING DATA ***** NONE OK

** FOREIGN APPLICATIONS ***** NONE OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/23/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>OK</u>	STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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ADDRESS

TIMOTHY N TROP
TROP PRUNER HU & MILES PC
8554 KATY FREEWAY STE 100
HOUSTON, TX
77024

TITLE

PORTABLE USER INTERFACE FOR PRESENTATION OF INFORMATION ASSOCIATE WITH AUDIO/VIDEO DATA

FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER <div style="text-align: center;">09/342,765</div>	FILING DATE <div style="text-align: center;">06/29/99</div>	CLASS <div style="text-align: center;">386</div>	GROUP ART UNIT <div style="text-align: center;">2712</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">INTL-0215-US</div>
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APPLICANT

DAVID J. MATZ, HILLSBORO, OR; MANOHARAN S. VELLALAPALAYAM, BEAVERTON, OR.

****CONTINUING DOMESTIC DATA*******

VERIFIED NONE

OK

****371 (NAT'L STAGE) DATA*******

VERIFIED NONE

OK

****FOREIGN APPLICATIONS*******

VERIFIED NONE

OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/23/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
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Verified and Acknowledged OK OK

Examiner's Initials
Initials

ADDRESS

TIMOTHY N TROP
 TROP PRUNER HU & MILES PC
 8554 KATY FREEWAY STE 100
 HOUSTON TX 77024

TITLE

PRESENTATION OF INFORMATION ASSOCIATED WITH AUDIO/VIDEO DATA

FILING FEE RECEIVED <div style="text-align: center;">\$916</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ </div>
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